

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

PROVIDER CCN:	PERIOD:	WORKSHEET M-1
COMPONENT CCN:	FROM _____ TO _____	

Check applicable box: Hospital-based RHC Hospital-based FQHC

	COMPEN- SATION	OTHER COSTS	TOTAL (col. 1 + col. 2)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
FACILITY HEALTH CARE STAFF COSTS								
1	Physician							1
2	Physician Assistant							2
3	Nurse Practitioner							3
4	Visiting Nurse							4
5	Other Nurse							5
6	Clinical Psychologist							6
7	Clinical Social Worker							7
8	Laboratory Technician							8
9	Other Facility Health Care Staff Costs							9
10	Subtotal (sum of lines 1-9)							10
COSTS UNDER AGREEMENT								
11	Physician Services Under Agreement							11
12	Physician Supervision Under Agreement							12
13	Other Costs Under Agreement							13
14	Subtotal (sum of lines 11-13)							14
OTHER HEALTH CARE COSTS								
15	Medical Supplies							15
16	Transportation (Health Care Staff)							16
17	Depreciation-Medical Equipment							17
18	Professional Liability Insurance							18
19	Other Health Care Costs							19
20	Allowable GME Costs							20
21	Subtotal (sum of lines 15-20)							21
22	Total Cost of Health Care Services (sum of lines 10, 14, and 21)							22
COSTS OTHER THAN RHC/FQHC SERVICES								
23	Pharmacy							23
24	Dental							24
25	Optometry							25
25.01	Telehealth							25.01
25.02	Chronic Care Management							25.02
26	All other nonreimbursable costs							26
27	Nonallowable GME costs							27
28	Total Nonreimbursable Costs (sum of lines 23-27)							28
FACILITY OVERHEAD								
29	Facility Costs							29
30	Administrative Costs							30
31	Total Facility Overhead (sum of lines 29 and 30)							31
32	Total facility costs (sum of lines 22, 28 and 31)							32

The net expenses for cost allocation on Worksheet A for the hospital-based RHC/FQHC cost center line must equal the total facility costs in column 7, line 32, of this worksheet.